1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Adair Co	ounty Schools		State
	Street Address 1204 Gre	eensburg St		
	City, State Zip Columbi	a KY 42728		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ /V N	9	Reimbursement Frequency:
3	Description/Fund Source of Aw	The second secon		Monthly
	Description	FY13 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 ( \( \( \) \( \)		Other
4	Grant Authority (Source):	337		_
	• ` ` `	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$47,961.00	of Education		
6	Period of Award:	OT Editoutio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
				<b>D</b>
14	Authorized By (Name/Title):			<b>Date:</b> August 24, 2012
	l l	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	•	7	Fund Type:
		ounty Schools		State
	Street Address 238 Bow	ling Green Rd		
	City, State Zip Scottsvil	le KY 42164		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ /V »	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
				Other
4	Grant Authority (Source):	337		
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	17		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$56,735.00	of Education		
6	Period of Award:	OI EGGGGGG		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
				D. ( ) ( ) ( ) ( ) ( )
14	Authorized By (Name/Title): I	· · · · · · · · · · · · · · · · · · ·		<b>Date:</b> August 24, 2012
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
		ille Independent Schools		State
	Street Address PO Box 5	520		
	City, State Zip Barbourv	ille KY 40906		Other:
	_			
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		≥ / V N	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	١.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):			
	• ` ` '	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	,		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$12,912.00	of Educatio	100	
6	Period of Award:	OI Eddodiio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	:: N/A		
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
14	Authorized By (Name/Title):			<b>Date:</b> August 24, 2012
	Ι	Division of Consolidated Plans and Audits		
		Avision of Consolidated Flans and Addits		

1	Name and Address of Recipient	•	7	Fund Type:
	Agency Name Barren C	County Schools		State
	Street Address 202 W W	Vashington St		
	City, State Zip Glasgow	KY 42141		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ /V »	9	Reimbursement Frequency:
3	Description/Fund Source of Aw	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• ` ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$89,764.00	of Education		
6	Period of Award:	OT EGGGGGG		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member	s: N/A		
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
				<b>D</b>
14	Authorized By (Name/Title):	· · · · · · · · · · · · · · · · · · ·		<b>Date:</b> August 24, 2012
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
		unty Schools		State
	Street Address 405 W M	Iain St		
	City, State Zip Owingsv	ille KY 40360		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• ` ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$39,269.00	of Education		
6	Period of Award:	- OT ECHOURTO		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
				<b>D</b>
14	Authorized By (Name/Title): I	· · · · · · · · · · · · · · · · · · ·		<b>Date:</b> August 24, 2012
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Bell Cour	nty Schools		State
	Street Address PO Box 3	340		
	City, State Zip Pineville	KY 40977		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Z /V N	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		( L		Other
4	Grant Authority (Source):			
-	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	01 25211, 0 : 01 10 22 01 10 1 10 10 11, 11, 10 0,		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$55,001.00	of Education		
6	Period of Award:	OI Eddeatio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
14	Authorized By (Name/Title):	,		<b>Date:</b> August 24, 2012
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Berea Inc	dependent Schools		State
	Street Address 3 Pirate 1	Pkwy		
	City, State Zip Berea K	Y 40403		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ /V N	9	Reimbursement Frequency:
3	Description/Fund Source of Aw	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$20,925.00	of Education		
6	Period of Award:	OT EGGGGGG		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ıbmi	tted by December 10, 2014.
				D
14	Authorized By (Name/Title):			<b>Date:</b> August 24, 2012
	]	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient		7	Fund Type:
		County Schools		State
	Street Address PO Box	750		
	City, State Zip Jackson	KY 41339		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ /V »	9	Reimbursement Frequency:
3	Description/Fund Source of Aw	The second secon		Monthly
	Description	FY13 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-( ( ^-		Other
4	Grant Authority (Source):	347	1	
	• ` ` `	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$40,098.00	of Education		
6	Period of Award:	OI EddCatio	111	
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	Authorized By (Name/Title):			<b>Date:</b> August 24, 2012
	]	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Breckinri	dge County Schools		State
	Street Address 86 Airpor	rt Road		
	City, State Zip Hardinsb	urg KY 40143		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		× / / /	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
		NT/A		Electronic Submission
	Master Agreement Number	N/A		
	Master Agreement Number	N/A		Other
4	<u> </u>	N/A		
4	Grant Authority (Source):	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
4	Grant Authority (Source):	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
4	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,	11	
	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99	of ESEA, 34 CFR EDGAR Parts 77,79,80,	lm	Other
	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount:	of ESEA, 34 CFR EDGAR Parts 77,79,80,	tan	Other
5	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$52,784.00	of ESEA, 34 CFR EDGAR Parts 77,79,80,	im n	Other
5	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$52,784.00 Period of Award: July 1, 2012-September 30, 2014 Consortia/Partnership Members	of ESEA, 34 CFR EDGAR Parts 77,79,80,	n	Evaluations:
5	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$52,784.00 Period of Award: July 1, 2012-September 30, 2014 Consortia/Partnership Members	of ESEA, 34 CFR EDGAR Parts 77,79,80,	n	Evaluations:
5 6 12 13	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$52,784.00 Period of Award: July 1, 2012-September 30, 2014 Consortia/Partnership Members Special Instructions/Conditions:	of ESEA, 34 CFR EDGAR Parts 77,79,80, s: N/A The final Federal Cash Request must be su	n	Evaluations:  tted by December 10, 2014.
5 6 12	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$52,784.00 Period of Award: July 1, 2012-September 30, 2014 Consortia/Partnership Members Special Instructions/Conditions: Authorized By (Name/Title):	of ESEA, 34 CFR EDGAR Parts 77,79,80,  S: N/A  The final Federal Cash Request must be su  Donna Tackett, Director	n	Evaluations:
5 6 12 13	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$52,784.00 Period of Award: July 1, 2012-September 30, 2014 Consortia/Partnership Members Special Instructions/Conditions: Authorized By (Name/Title):	of ESEA, 34 CFR EDGAR Parts 77,79,80, s: N/A The final Federal Cash Request must be su	n	Evaluations:  tted by December 10, 2014.

1	Name and Address of Recipients		7	Fund Type:
	Agency Name Butler Co	ounty Schools		State
	Street Address PO Box 3	339		
	City, State Zip Morganto	own KY 42261		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		L		Other
4	Grant Authority (Source):	22.7		
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	Maria de la Companya del Companya de la Companya de la Companya del Companya de la Companya de l		
5	Award Amount:	Kentucky Depar	11	Evaluations:
	\$40,213.00	of Education	un.	
6	Period of Award:	OI Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
14	Authorized By (Name/Title):	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	• •	Division of Consolidated Plans and Audits		6

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Caldwell	County Schools		State
	Street Address PO Box	229		
	City, State Zip Princeton	n KY 42445		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ /V »	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-2   1 /-		Other
4	Grant Authority (Source):	227		
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	Maria de Branco		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$38,035.00	of Education	un.	
6	Period of Award:			
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	Authorized By (Name/Title):	Donna Taakatt Diraator		<b>Date:</b> August 24, 2012
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Division of Consolidated Plans and Audits		Date. August 24, 2012
	1	Division of Consolidated Flans and Addits		

1	Name and Address of Recipient	•	7	Fund Type:
		y County Schools		State
	Street Address PO Box	800		
	City, State Zip Murray I	XY 42071		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979	4	Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		-
	• ` ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$61,308.00	of Educatio		
6	Period of Award:	OT EGGGGTO		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	Authorized By (Name/Title): I	· · · · · · · · · · · · · · · · · · ·		<b>Date:</b> August 24, 2012
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Campbell	sville Independent Schools		State
	Street Address 136 S Col	lumbia		
	City, State Zip Campbell	sville KY 42718		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ / / N	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	rd and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	١.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
				Other
4	Grant Authority (Source):			-
•	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	or Esseri, 5 i erit Ess erit rates 77,72,00,		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$21,146.00	of Educatio		
6	Period of Award:	OI-Educatio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	: N/A		
13	•	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
	-	•		
14	<b>Authorized By (Name/Title):</b> D			<b>Date:</b> August 24, 2012
		Pivision of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Carlisle C	County Schools		State
	Street Address 4557 Stat	te Rt 1377		
	City, State Zip Bardwell	KY 42023		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 [		Other
4	Grant Authority (Source):	337		
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	,		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$15,238.00	of Education	LITE.	
6	Period of Award:	OT EGGGGGG		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
		m 1 D'		D. ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Carroll C	ounty Schools		State
	Street Address 813 Haw	kins St		
	City, State Zip Carrollton	n KY 41008		Other:
				-
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 [ ^-		Other
4	Grant Authority (Source):	337		-
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$35,863.00	of Education	um.	
6	Period of Award:	OI Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
1.4	A AL I D (NI //D'A) \ F	T 1 " D' '		D.4. A 424 2012
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
		ounty Schools		State
	Street Address 228 S Ca	rol Malone Blvd		
	City, State Zip Grayson	KY 41143		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
				Other
4	Grant Authority (Source):	337		_
	• ` ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$88,976.00	of Education		
6	Period of Award:	OT Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
				<b>D</b>
14	Authorized By (Name/Title): I	· · · · · · · · · · · · · · · · · · ·		<b>Date:</b> August 24, 2012
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Casey Co	ounty Schools		State
	Street Address 1922 N U	JS 127		
	City, State Zip Liberty K	XY 42539		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	10	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income	h.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 [ ~-		Other
4	Grant Authority (Source):	22.7		-
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	17		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$44,540.00	of Education	LITE	
6	Period of Award:	OI Eddouile		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	Authorized By (Name/Title):	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Division of Consolidated Plans and Audits		· • · · · · · ·

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Caverna	Independent Schools		State
	Street Address 1102 N. I	Dixie Hwy		
	City, State Zip Cave City	y KY 42127		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ /V	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
				Other
4	Grant Authority (Source):	337		
	• ` ` `	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	,		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$13,943.00	of Education	100	
6	Period of Award:	Oi Eddeatio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ıbmi	tted by December 10, 2014.
1.4	A.Al	Name Talant Discours		D-4 A
14	• ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		
1				

1	Name and Address of Recipient	:	7	Fund Type:
		unty Schools		State
	Street Address 128 Rich	mond Rd		
	City, State Zip Manches	ster KY 40962		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ /V N	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY13 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 ( \( \( \) \( \)		Other
4	Grant Authority (Source):	337		_
	• ` ` `	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$63,472.00	of Education		
6	Period of Award:	OT Educatio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
				24.0046
14	Authorized By (Name/Title):			<b>Date:</b> August 24, 2012
	]	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Clinton C	County Schools		State
	Street Address Rt 4 Box	100 Hwy 127		
	City, State Zip Albany K	Y 42602		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ // \	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
				Other
4	Grant Authority (Source):	.37		
-	,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	01 20211, 0 : 01 11 22 01 11 1 11 11 11 11 11 11 11 11 11 11 1		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$32,864.00	of Education		
6	Period of Award:	OI Educatio	111	
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A	•	
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ıbmi	tted by December 10, 2014.
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	ı	No. 1		
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Corbin In	ndependent Schools		State
	Street Address 108 Roy	Kidd Ave		
	City, State Zip Corbin K	XY 40701		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ /V N	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY13 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 ( \( \( \) \( \)		Other
4	Grant Authority (Source):	337		_
	• ` ` `	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$52,918.00	of Education		
6	Period of Award:	OT Educatio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member	s: N/A		
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ıbmi	tted by December 10, 2014.
				24.0046
14	Authorized By (Name/Title):			<b>Date:</b> August 24, 2012
	l l	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Crittende	n County Schools		State
	Street Address PO Box 3	362		
	City, State Zip Marion K	XY 42064		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$23,869.00	of Education	um.	
6	Period of Award:	OI Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
1.4	Authorized Dy (Name/Pi4la): F	Donna Tackatt Director		Datas Avenut 24 2012
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> August 24, 2012
	1	Division of Consolidated Plans and Addits		

1	Name and Address of Recipient:		7	<b>Fund Type:</b>
		and County Schools		State
	Street Address PO Box 4	120		
	City, State Zip Burkesvil	le KY 42717		Other:
				3
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		2 / V N	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
				Other
4	Grant Authority (Source):	337		_
	• ` ` ` '	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$18,934.00	of Educatio	.00	
6	Period of Award:	OT Eddouro		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
				24.0046
14	Authorized By (Name/Title):			<b>Date:</b> August 24, 2012
	Γ	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Danville	Independent Schools		State
	Street Address 152 E Ma	artin Luther King Blvd		
	City, State Zip Danville	KY 40422		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	The second secon		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$34,384.00	of Education	um	
6	Period of Award:	OI Eddoutio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	Authorized By (Name/Title):	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	• • •	Division of Consolidated Plans and Audits		
	L			

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Dawson S	Springs Independent Schools		State
	Street Address 118 E Ar	cadia Ave		
	City, State Zip Dawson S	Springs KY 42408		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	l to	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	DAT A A ANT 1	N/A		Electronic Submission
	Master Agreement Number	1771		
	Master Agreement Number			Other
4	<u> </u>	···· £-(()		Other
4	Grant Authority (Source):	£-(\s\-		Other
4	Grant Authority (Source):	of ESEA, 34 CFR EDGAR Parts 77,79,80,		Other
4	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,	11	Other Evaluations:
	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99	of ESEA, 34 CFR EDGAR Parts 77,79,80,	lm	
	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount:	of ESEA, 34 CFR EDGAR Parts 77,79,80,	tan	
5	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$13,031.00	of ESEA, 34 CFR EDGAR Parts 77,79,80,	tan	
5	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$13,031.00 Period of Award: July 1, 2012-September 30, 2014 Consortia/Partnership Members	of ESEA, 34 CFR EDGAR Parts 77,79,80,	n	Evaluations:
5	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$13,031.00 Period of Award: July 1, 2012-September 30, 2014 Consortia/Partnership Members	of ESEA, 34 CFR EDGAR Parts 77,79,80,	n	Evaluations:
5 6 12 13	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$13,031.00 Period of Award: July 1, 2012-September 30, 2014 Consortia/Partnership Members Special Instructions/Conditions:	of ESEA, 34 CFR EDGAR Parts 77,79,80, s: N/A The final Federal Cash Request must be su	n	Evaluations:  tted by December 10, 2014.
5 6 12	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$13,031.00 Period of Award: July 1, 2012-September 30, 2014 Consortia/Partnership Members Special Instructions/Conditions: Authorized By (Name/Title):	of ESEA, 34 CFR EDGAR Parts 77,79,80,  S: N/A  The final Federal Cash Request must be su  Donna Tackett, Director	n	Evaluations:
5 6 12 13	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$13,031.00 Period of Award: July 1, 2012-September 30, 2014 Consortia/Partnership Members Special Instructions/Conditions: Authorized By (Name/Title):	of ESEA, 34 CFR EDGAR Parts 77,79,80, s: N/A The final Federal Cash Request must be su	n	Evaluations:  tted by December 10, 2014.

1	Name and Address of Recipient		7	Fund Type:
		on County Schools		State
	Street Address PO Box	129		
	City, State Zip Brownsv	ille KY 42210		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		-
	• ` ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$38,489.00	of Educatio		
6	Period of Award:	OT ECOOUTIO		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
				<b>D</b>
14	Authorized By (Name/Title): I	· · · · · · · · · · · · · · · · · · ·		<b>Date:</b> August 24, 2012
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient		7	Fund Type:
	Agency Name Elliott Co	ounty Schools		State
	Street Address PO Box 7	767		
	City, State Zip Sandy Ho	ook KY 41171		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		L		Other
4	Grant Authority (Source):	22.7		
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	Maria de la Companya del Companya de la Companya de la Companya del Companya de la Companya de l		
5	Award Amount:	Kentucky Depar	11	Evaluations:
	\$20,592.00	of Education	um	
6	Period of Award:	OI Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
14	Authorized By (Name/Title): I	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	• • • • • • • • • • • • • • • • • • • •	Division of Consolidated Plans and Audits		6

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Eminence	e Independent Schools		State
	Street Address PO Box 1	146		⊠ Federal
	City, State Zip Eminence	e KY 40019		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 [ ^-		Other
4	Grant Authority (Source):	337		
	,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	,		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$12,836.00	of Education		
6	Period of Award:	OT EGGGGGG		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
				D. ( ) ( ) ( ) ( ) ( )
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Estill Cou	unty Schools		State
	Street Address PO Box 9	930		
	City, State Zip Irvine KY	Y 40336		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	10	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$47,414.00	of Education	um	
6	Period of Award:	OI Eddoutio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	Authorized By (Name/Title):	Donna Tackett, Director		<b>Date:</b> August 24, 2012
177	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Division of Consolidated Plans and Audits		Dute. Tiugust 27, 2012
		21 vision of Consolidated 1 lans and Munits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Fleming 6	County Schools		State
	Street Address 211 W W	ater St		⊠ Federal
	City, State Zip Flemings	burg KY 41041		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Z /V N	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY13 Title VI-Rural and Low Income	l bu	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		I I I I I		Other
4	Grant Authority (Source):	327		
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$45,039.00	of Educatio	um	
6	Period of Award:	OI Eddoutio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
14	Authorized By (Name/Title):	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	• • • • • • • • • • • • • • • • • • • •	Division of Consolidated Plans and Audits		,

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Floyd Co	ounty Schools		State
	Street Address 106 N Fro	ont Ave		
	City, State Zip Prestonsb	ourg KY 41653		Other:
				3
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ // b	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	The second secon		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	237	1	
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$116,979.00	of Education	LITE	
6	Period of Award:	OI Eddoutio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	Authorized By (Name/Title):	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	• • •	Division of Consolidated Plans and Audits		· • · · · · · ·

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Gallatin G	County Schools		State
	Street Address 75 Board	walk		
	City, State Zip Warsaw I	KY 41095		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$30,441.00	of Education	um.	
6	Period of Award:	OI Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
1.4	A AL I D (NI //D'A) \ F	T 1 " D' '		D.4. A 424 2012
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Garrard C	County Schools		State
	Street Address 322 W M	Iaple St		⊠ Federal
	City, State Zip Lancaster	r KY 40444		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Z (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 ( )		Other
4	Grant Authority (Source):	327		-
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$47,419.00	of Education	LITE	
6	Period of Award:	OI Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	Authorized By (Name/Title): I	Donna Tackett, Director		Data: August 24 2012
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Division of Consolidated Plans and Audits		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Flans and Addits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Glasgow	Independent Schools		State
	Street Address PO Box 1	1239		
	City, State Zip Glasgow	KY 42142		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$37,545.00	of Education	um.	
6	Period of Award:	OI Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
1.4	Andhorinal Dr. (Name //PM)	Dama Taskatt Dinastan		Data: Avanat 24 2012
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> August 24, 2012
	L	Division of Consondated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Graves C	County		State
	Street Address 2290 Sta	te Route 121 North		
	City, State Zip Mayfield	I KY 42066		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	17		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$88,769.00	of Educatio	ura.	
6	Period of Award:	OI Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
	A di Li ID Or (TRIX)			D 4 4 2010
14	Authorized By (Name/Title): I	· · · · · · · · · · · · · · · · · · ·		<b>Date:</b> August 24, 2012
	1	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
		County Schools		State
	Street Address PO Box	4009		
	City, State Zip Leitchfie	eld KY 42754		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• ` ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$81,973.00	of Education		
6	Period of Award:	OT Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
				<b>D</b>
14	Authorized By (Name/Title):	· · · · · · · · · · · · · · · · · · ·		<b>Date:</b> August 24, 2012
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Green Co	ounty Schools		State
	Street Address PO Box 3	369		
	City, State Zip Greensbu	rg KY 42743		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	1	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 [ ~ -		Other
4	Grant Authority (Source):	22.7		
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	Maria de Bresse		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$32,725.00	of Education	un.	
6	Period of Award:	OI EUGOUTO		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	Authorized By (Name/Title):	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	• •	Division of Consolidated Plans and Audits		,

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Harlan Co	ounty Schools		State
	Street Address 251 Ball 1	Park Rd		
	City, State Zip Harlan K	Y 40831		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ // \	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	rd and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
				Other
4	Grant Authority (Source):			
-	• ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	Evaluations:
	\$75,967.00	of Educatio		
6	Period of Award:	OI Educatio	111	
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	: N/A		,
13		The final Federal Cash Request must be su	ıbmi	tted by December 10, 2014.
14	<b>Authorized By (Name/Title):</b> D			<b>Date:</b> August 24, 2012
		vivision of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Harlan In	dependent Schools		State
	Street Address 420 E Ce	ntral St		⊠ Federal
	City, State Zip Harlan K	Y 40831		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	10	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$15,095.00	of Education	urh	
6	Period of Award:	OI Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	Authorized By (Name/Title):	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Division of Consolidated Plans and Audits		1gust 2 1, 2012
	_			
	l .			

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Harrison	County Schools		State
	Street Address 308 Web	oster Ave		
	City, State Zip Cynthian	na KY 41031		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ /V N	9	Reimbursement Frequency:
3	Description/Fund Source of Aw	The second secon		Monthly
	Description	FY13 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$58,782.00	of Education		
6	Period of Award:	OT Educatio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ıbmi	tted by December 10, 2014.
				24.0046
14	Authorized By (Name/Title):			<b>Date:</b> August 24, 2012
	J	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Hart Cou	unty Schools		State
	Street Address 25 Quali	ty Street		
	City, State Zip Munford	ville KY 42765		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ /V N	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY13 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 ( \( \( \) \( \)		Other
4	Grant Authority (Source):	337		_
	• ` ` `	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$43,957.00	of Education		
6	Period of Award:	OT Educatio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member	s: N/A		
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ıbmi	tted by December 10, 2014.
				<b>D</b>
14	Authorized By (Name/Title):			<b>Date:</b> August 24, 2012
	l l	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Hazard Ir	ndependent Schools		State
	Street Address 705 Main	Street		
	City, State Zip Hazard K	Y 41701		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		_
	,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$18,120.00	of Education	urh	
6	Period of Award:	OI Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	Authorized By (Name/Title):	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	• • • • • • • • • • • • • • • • • • • •	Division of Consolidated Plans and Audits		1105000 2 1, 2012
	<u>I</u>			

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Henry Co	ounty Schools		State
	Street Address 326 S Ma	ain St		
	City, State Zip New Cast	tle KY 40050		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 [		Other
4	Grant Authority (Source):	337		_
	,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$41,822.00	of Education	um.	
6	Period of Award:	OI Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
1.4	A AL I D (NI //D*41 \ T	T 1 " D' '		D.4. A 424 2012
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Hickman	County Schools		State
	Street Address 416 Water	erfield Dr		
	City, State Zip Clinton I	XY 42031		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income	le.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• ` ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$14,346.00	of Education		
6	Period of Award:	- OT ECHOURTO	11.0	
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ıbmi	tted by December 10, 2014.
				<b>D</b>
14	Authorized By (Name/Title):	· · · · · · · · · · · · · · · · · · ·		<b>Date:</b> August 24, 2012
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	•	7	Fund Type:
	Agency Name Hopkins	County Schools		State
	Street Address 320 S Se	minary St		
	City, State Zip Madison	ville KY 42431		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY13 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• ` ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$131,607.00	of Educatio		
6	Period of Award:	OT EGGGGGG		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	Authorized By (Name/Title):	· · · · · · · · · · · · · · · · · · ·		<b>Date:</b> August 24, 2012
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	1	7	Fund Type:
	Agency Name Jackson (	County Schools		State
	Street Address PO Box 2	217		⊠ Federal
	City, State Zip McKee K	Y 40447		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	1	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		
	,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	,		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$40,473.00	of Education	LITE.	
6	Period of Award:	OT EGGGGGG		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
	A A A A A A A A A A A A A A A A A A A			D. ( ) ( ) ( ) ( ) ( )
14		Donna Tackett, Director		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Johnson	County Schools		State
	Street Address 253 N Ma	ayo Tr		
	City, State Zip Paintsvill	le KY 41240		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$72,296.00	of Education	um.	
6	Period of Award:	OI Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
1.4	A AL I D (NI //D'A) \ F	T 1 " D' '		D.4. A 424 2012
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Knott Co	unty Schools		State
	Street Address PO Box 8	369		⊠ Federal
	City, State Zip Hindman	KY 41822		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	1	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		L		Other
4	Grant Authority (Source):	337		_
	,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$45,469.00	of Education	LITE	
6	Period of Award:	OT Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
1.4	A AL I D (NI //D*41 \ T	T 1 " D'		D.4. A 424 2012
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Knox Co	unty Schools		State
	Street Address 200 Dani	el Boone Dr		⊠ Federal
	City, State Zip Barboury	ville KY 40906		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 [ ~ -		Other
4	Grant Authority (Source):	22.7		
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	Maria de Bresse		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$83,373.00	of Education	um	
6	Period of Award:	OI EUGOUITO		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
14	Authorized By (Name/Title): I	Donna Tackett, Director		<b>Date:</b> August 24, 2012
-		Division of Consolidated Plans and Audits		,
1				

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Laurel Co	ounty Schools		State
	Street Address 718 North	h Main Street		⊠ Federal
	City, State Zip London F	XY 40741		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 [		Other
4	Grant Authority (Source):	337		
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	,		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$180,017.00	of Education	LITE.	
6	Period of Award:	OT EGGGGGG		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
		m 1 D'		D. ( ) ( ) ( ) ( ) ( )
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Lawrence	e County Schools		State
	Street Address PO Box 6	507		
	City, State Zip Louisa K	Y 41230		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$45,112.00	of Education	urh	
6	Period of Award:	OI Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	Authorized By (Name/Title):	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Division of Consolidated Plans and Audits		1105000 2 1, 2012
	<u>l</u>			

1	Name and Address of Recipient	•	7	Fund Type:
	Agency Name Lee Cour	nty Schools		State
	Street Address PO Box 6	568		
	City, State Zip Beattyvil	le KY 41311		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	<b>Grant Authority (Source):</b>	337		
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14 - 1 - 1 - 1 - 1		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$21,465.00	of Education	un	
6	Period of Award:	OI Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	Authorized By (Name/Title): I	Donna Tackett, Director		<b>Date:</b> August 24, 2012
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Leslie Co	ounty Schools		State
	Street Address PO Box 9	949		⊠ Federal
	City, State Zip Hyden K	Y 41749		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 ( )		Other
4	Grant Authority (Source):	337		
	,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	,		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$33,456.00	of Education	LITE.	
6	Period of Award:	OT EGGGGGG		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
		m 1 D		D. ( ) ( ) ( ) ( ) ( )
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Letcher C	County Schools		State
	Street Address 224 Park	St		⊠ Federal
	City, State Zip Whitesbu	rg KY 41858		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Z (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		L		Other
4	Grant Authority (Source):	22.7		
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$62,330.00	of Education	un.	
6	Period of Award:	OI EGGOUTO		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
14	Authorized By (Name/Title):	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	• • • • • • • • • • • • • • • • • • • •	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Lewis Co	ounty Schools		State
	Street Address PO Box 1	159		
	City, State Zip Vancebur	rg KY 41179		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	10	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income	l'en	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		_
	,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$44,579.00	of Education	um.	
6	Period of Award:	OT EGGGGGG		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
1.4	A AL ID AT WELL YES	T 1 " D' '		D.4. A 424 2010
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Lincoln C	County Schools		State
	Street Address PO Box 2	265		
	City, State Zip Stanford	KY 40484		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	10	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 [ ^-		Other
4	Grant Authority (Source):	337		
	,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	,		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$75,597.00	of Education	LITE.	
6	Period of Award:	OT Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
				24.0046
14		Donna Tackett, Director		<b>Date:</b> August 24, 2012
	Γ	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	1	7	Fund Type:
	Agency Name Livingsto	on County Schools		State
	Street Address PO Box 2	219		⊠ Federal
	City, State Zip Smithland	d KY 42081		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-114-		Other
4	Grant Authority (Source):	337		-
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$24,129.00	of Education	LITTE .	
6	Period of Award:	OT Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
1.4	Andhorinal Dr. (Name //PM)	Name Tarkett Director		Data: Avanat 24 2012
14		Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	•	7	Fund Type:
		ounty Schools		State
	Street Address PO Box	417		
	City, State Zip Russelly:	ille KY 42276		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY13 Title VI-Rural and Low Income	l'en	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		_
	• ` ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$66,912.00	of Educatio		
6	Period of Award:	OT Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	Authorized By (Name/Title):	· · · · · · · · · · · · · · · · · · ·		<b>Date:</b> August 24, 2012
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	•	7	Fund Type:
		n County Schools		State
	Street Address PO Box	109		
	City, State Zip Salyersvi	ille KY 41465		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income	l'en	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$41,534.00	of Education		
6	Period of Award:	OT Eddoutio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	Authorized By (Name/Title):	· · · · · · · · · · · · · · · · · · ·		<b>Date:</b> August 24, 2012
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	•	7	Fund Type:
	Agency Name Marion (	County Schools		State
	Street Address 755 E M	ain St		
	City, State Zip Lebanon	KY 40033		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		-
	• ` ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$60,874.00	of Education		
6	Period of Award:	OT Eddoutio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member			
13		: The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	Authorized By (Name/Title):	· · · · · · · · · · · · · · · · · · ·		<b>Date:</b> August 24, 2012
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Martin Co	ounty Schools		State
	Street Address PO Box 3	366		⊠ Federal
	City, State Zip Inez KY	41224		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		_
	,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$40,952.00	of Education	um.	
6	Period of Award:	OI Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
	A A I I I I I I I I I I I I I I I I I I	T 1 D'		D 4 4 2010
14		Donna Tackett, Director		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Mason Co	ounty Schools		State
	Street Address PO Box 1	130		⊠ Federal
	City, State Zip Maysville	e KY 41056		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	10	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 [		Other
4	Grant Authority (Source):	337		
	,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	,		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$51,967.00	of Education		
6	Period of Award:	OT EGGGGGG		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
				<b>D</b>
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	Γ	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Mayfield	Independent Schools		State
	Street Address 914 East	College St		
	City, State Zip Mayfield	KY 42066		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 [ ^-		Other
4	Grant Authority (Source):	337		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$28,512.00	of Education	um.	
6	Period of Award:	OI Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
1.4	A AL I D (NI //D'A) \ F	T 1 " D' '		D.4. A 424 2012
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name McCrear	y County Schools		State
	Street Address 120 Raid	ler Way		
	City, State Zip Stearns I	XY 42647		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ /V N	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY13 Title VI-Rural and Low Income	le.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 ( \( \( \) \( \)		Other
4	Grant Authority (Source):	337		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$56,062.00	of Education		
6	Period of Award:	OT Educatio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member	s: N/A		
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ıbmi	tted by December 10, 2014.
				<b>D</b>
14	Authorized By (Name/Title):			<b>Date:</b> August 24, 2012
	J	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name McLean G	County Schools		State
	Street Address PO Box 2	245		
	City, State Zip Calhoun	KY 42327		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	10	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 ( )		Other
4	Grant Authority (Source):	337		
	,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	,		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$30,264.00	of Education		
6	Period of Award:	OT EGGGGGG		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	Γ	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Menifee (	County Schools		State
	Street Address 202 Back	s St., PO Box 110		
	City, State Zip Frenchbu	rg KY 40322		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income	l'en	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 [ ~-		Other
4	Grant Authority (Source):	22.7		
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	Maria de Presenta		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$21,004.00	of Education	un.	
6	Period of Award:	OI Eddouile		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	Authorized By (Name/Title):	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	• • • • • • • • • • • • • • • • • • • •	Division of Consolidated Plans and Audits		· • · · · · · ·

1	Name and Address of Recipient	•	7	Fund Type:
	Agency Name Mercer C	County Schools		State
	Street Address 371 E Le	exington St.		
	City, State Zip Harrodsh	ourg KY 40330		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ /V »	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$58,007.00	of Education		
6	Period of Award:	OT Educatio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member	s: N/A		
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ıbmi	tted by December 10, 2014.
				24.0046
14	Authorized By (Name/Title):	· · · · · · · · · · · · · · · · · · ·		<b>Date:</b> August 24, 2012
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Metcalfe	County Schools		State
	Street Address 109 Sartis	n Dr		⊠ Federal
	City, State Zip Edmonto	n KY 42129		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	1	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$29,611.00	of Education	LITE	
6	Period of Award:	OI Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
1.4	A AL I D (NI //D'A) \ F	T 1 " D' '		D.4. A 424 2012
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Middlesb	oro Independent Schools		State
	Street Address PO Box 9	959		
	City, State Zip Middlesb	oro KY 40965		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		≥ / V N	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		-
	,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	Evaluations:
	\$25,753.00	of Educatio	.00	
6	Period of Award:	OT Eddouro		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	:: N/A		
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
				21.2012
14	Authorized By (Name/Title):			<b>Date:</b> August 24, 2012
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Monroe (	County Schools		State
	Street Address 309 Ember	erton Street		⊠ Federal
	City, State Zip Tompkin	sville KY 42167		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 ( )		Other
4	Grant Authority (Source):	337		
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	,		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$35,448.00	of Education	100	
6	Period of Award:	OT EGGGGGG		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
		m 1 D		D. ( ) ( ) ( ) ( ) ( )
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Montgom	nery County Schools		State
	Street Address 700 Woo	dford Drive		
	City, State Zip Mount St	erling KY 40353		Other:
	-	_		
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		≥ (V)	9	<b>Reimbursement Frequency:</b>
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
				Other
		- L		Other
4	<u> </u>	<del></del>		
4	Grant Authority (Source):	of ESEA, 34 CFR EDGAR Parts 77,79,80,		Other
4	Grant Authority (Source):	14		Other
4	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1	Maria de Brassa	111	Evaluations:
	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99	14	im	
	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount:	Kentucky Depar	tan	
5	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$88,538.00	Kentucky Depar	lan n	
5	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$88,538.00 Period of Award: July 1, 2012-September 30, 2014 Consortia/Partnership Members	Kentucky Depar of Educatio	n	Evaluations:
5	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$88,538.00 Period of Award: July 1, 2012-September 30, 2014 Consortia/Partnership Members	Kentucky Depar of Educatio	n	Evaluations:
5 6 12 13	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$88,538.00 Period of Award: July 1, 2012-September 30, 2014 Consortia/Partnership Members Special Instructions/Conditions:	Kentucky Depar of Educations: N/A The final Federal Cash Request must be su	n	Evaluations:
5 6 12	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$88,538.00 Period of Award: July 1, 2012-September 30, 2014 Consortia/Partnership Members Special Instructions/Conditions: Authorized By (Name/Title):	s: N/A The final Federal Cash Request must be su Donna Tackett, Director	n	Evaluations:
5 6 12 13	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$88,538.00 Period of Award: July 1, 2012-September 30, 2014 Consortia/Partnership Members Special Instructions/Conditions: Authorized By (Name/Title):	Kentucky Depar of Educations: N/A The final Federal Cash Request must be su	n	Evaluations:

1	Name and Address of Recipient:		7	Fund Type:
		o Independent Schools		State
	Street Address 161 Colle	ege St		
	City, State Zip Monticell	lo KY 42633		Other:
				-
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ // \	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
				Other
4	Grant Authority (Source):	337		_
	• ` ` ` '	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$16,204.00	of Educatio	.00	
6	Period of Award:	OT Eddouro		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
				D
14	Authorized By (Name/Title):			<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	:	7	Fund Type:
	Agency Name Morgan (	County Schools		State
	Street Address PO Box 4	189		⊠ Federal
	City, State Zip West Lib	erty KY 41472		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ / / N	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-2   1~-		Other
4	Grant Authority (Source):	127		-
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	17		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$40,482.00	of Education	un.	
6	Period of Award:	OI EUGOUTO		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	Authorized By (Name/Title):	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	• ` `	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Muhlenbe	erg County Schools		State
	Street Address 510 W M	Iain Stree		
	City, State Zip Powderly	KY 42367		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 [		Other
4	Grant Authority (Source):	337		
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	,		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$98,063.00	of Education	LITE.	
6	Period of Award:	OT EGGGGGG		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
		m 1 D'		D. ( ) ( ) ( ) ( ) ( )
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Murray In	ndependent Schools		State
	Street Address 208 S 13t	th St		
	City, State Zip Murray K	XY 42071		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	l to	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 ( ^-		Other
4	Grant Authority (Source):	337		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$27,424.00	of Education	um.	
6	Period of Award:	OI Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
1.4	Andhorinal Dr. (Name //PM)	Dama Taskatt Dinastan		Data: Avanat 24 2012
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> August 24, 2012
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Nicholas	County Schools		State
	Street Address 395 W N	Iain St		
	City, State Zip Carlisle	KY 40311		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ /V N	9	Reimbursement Frequency:
3	Description/Fund Source of Aw			Monthly
	Description	FY13 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 ( \( \( \) \( \)		Other
4	Grant Authority (Source):	347	1	
	,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$22,060.00	of Education		
6	Period of Award:	OF EddCatio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member	s: N/A		
13		: The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	Authorized By (Name/Title):			<b>Date:</b> August 24, 2012
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Ohio Cou	anty Schools		State
	Street Address PO Box 7	70		⊠ Federal
	City, State Zip Hartford	KY 42347		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 [		Other
4	Grant Authority (Source):	337		
	,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	,		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$75,765.00	of Education	LITE.	
6	Period of Award:	OT EGGGGGG		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14		Donna Tackett, Director		<b>Date:</b> August 24, 2012
	Γ	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Owen Co	ounty Schools		State
	Street Address 1600 Hw	y 22 E		
	City, State Zip Owenton	KY 40359		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 [		Other
4	Grant Authority (Source):	337		
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	,		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$35,310.00	of Education	LITE.	
6	Period of Award:	OT EGGGGGG		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
		m 1 D'		D. ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	•	7	Fund Type:
	Agency Name Owsley O	County Schools		State
	Street Address PO Box 3	340		⊠ Federal
	City, State Zip Boonevil	le KY 41314		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		L		Other
4	Grant Authority (Source):	22.7		
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	Maria de la Companya del Companya de la Companya de la Companya del Companya de la Companya de l		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$14,568.00	of Education	un.	
6	Period of Award:	OI Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
14	Authorized By (Name/Title): I	Donna Tackett, Director		<b>Date:</b> August 24, 2012
		Division of Consolidated Plans and Audits		6 · · · · · ·

1	Name and Address of Recipients		7	Fund Type:
	Agency Name Paintsvill	le Independent Schools		State
	Street Address 305 2nd 3	St		
	City, State Zip Paintsvill	le KY 41240		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	M 4 A 4 NT1	N/A		Electronic Submission
	Master Agreement Number	1 1/11		
	Master Agreement Number			Other
4	<u> </u>			Other
4	Grant Authority (Source):	£-( <u>(</u> )-		Other
4	Grant Authority (Source):	of ESEA, 34 CFR EDGAR Parts 77,79,80,		Other
4	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,	111	Other Evaluations:
	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99	of ESEA, 34 CFR EDGAR Parts 77,79,80,	tm	
	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount:	of ESEA, 34 CFR EDGAR Parts 77,79,80,	tan	
5	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$15,903.00	of ESEA, 34 CFR EDGAR Parts 77,79,80,	tan	
5	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$15,903.00 Period of Award:	of ESEA, 34 CFR EDGAR Parts 77,79,80,	im	
5	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$15,903.00 Period of Award: July 1, 2012-September 30, 2014 Consortia/Partnership Members	of ESEA, 34 CFR EDGAR Parts 77,79,80,	n	Evaluations:
5 6 12 13	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$15,903.00 Period of Award: July 1, 2012-September 30, 2014 Consortia/Partnership Members Special Instructions/Conditions:	of ESEA, 34 CFR EDGAR Parts 77,79,80, s: N/A The final Federal Cash Request must be su	n	Evaluations:
5 6 12	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$15,903.00 Period of Award: July 1, 2012-September 30, 2014 Consortia/Partnership Members Special Instructions/Conditions: Authorized By (Name/Title):	of ESEA, 34 CFR EDGAR Parts 77,79,80,  SE N/A  The final Federal Cash Request must be supported by the support of the support	n	Evaluations:
5 6 12 13	Grant Authority (Source): NCLB, Title VI, Part B, Subpart 1 81,82, 85, 97,98 and 99 Award Amount: \$15,903.00 Period of Award: July 1, 2012-September 30, 2014 Consortia/Partnership Members Special Instructions/Conditions: Authorized By (Name/Title):	of ESEA, 34 CFR EDGAR Parts 77,79,80, s: N/A The final Federal Cash Request must be su	n	Evaluations:

1	Name and Address of Recipient	•	7	Fund Type:
		ounty Schools		State
	Street Address 315 Park	Ave		
	City, State Zip Hazard k	XY 41701		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ /V »	9	Reimbursement Frequency:
3	<b>Description/Fund Source of Aw</b>			Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 1 1 1 -		Other
4	Grant Authority (Source):	337		
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$78,945.00	of Education		
6	Period of Award:	OT EGGGGGG		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
				21.2015
14	Authorized By (Name/Title):			<b>Date:</b> August 24, 2012
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Pike Cou	nty Schools		State
	Street Address 316 S Ma	ayo Tr		
	City, State Zip Pikeville	KY 41502		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	10	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income	l'en	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		_
	,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$181,642.00	of Education	um.	
6	Period of Award:	OT ECHOURTO		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
1.4	A AL ID AT WELL YES	T 1 " D'		D.4. A 424 2010
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Pikeville	Independent Schools		State
	Street Address 148 Seco	nd St		⊠ Federal
	City, State Zip Pikeville	KY 41501		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Z (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	,		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$23,148.00	of Education		
6	Period of Award:	OT EGGGGGG		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
				<b>D</b>
14	• ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Powell C	ounty Schools		State
	Street Address PO Box 4	430		
	City, State Zip Stanton K	XY 40380		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	10	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 [		Other
4	Grant Authority (Source):	337		
	,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	,		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$45,516.00	of Education		
6	Period of Award:	OT EGGGGGG	111	
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
				24.0046
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	Γ	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	1	7	Fund Type:
	Agency Name Pulaski C	County Schools		State
	Street Address PO Box 1	1055		⊠ Federal
	City, State Zip Somerset	KY 42502		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	1	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		L		Other
4	Grant Authority (Source):	337		_
	,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$153,334.00	of Education	LITE	
6	Period of Award:	OT Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
1.4	Authorized Dy (Name/Pi4la)	Donno Tooksett Dinaston		Datas Avenut 24 2012
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Rockcas	tle County Schools		State
	Street Address 245 Rich	nmond St		
	City, State Zip Mount V	Vernon KY 40456		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ /V N	9	Reimbursement Frequency:
3	Description/Fund Source of Aw	The second secon		Monthly
	Description	FY13 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	347	1	
	,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$55,400.00	of Education		
6	Period of Award:	OI EddCatio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member	rs: N/A		
13		: The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	Authorized By (Name/Title):			<b>Date:</b> August 24, 2012
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Rowan C	County Schools		State
	Street Address 121 E Sec	cond St		
	City, State Zip Morehead	d KY 40351		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 ( )		Other
4	Grant Authority (Source):	337		
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	,		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$60,923.00	of Education		
6	Period of Award:	OI EddCatio	111	
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
		m 1 D		D. ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Russell C	County Schools		State
	Street Address 404 S. M.	ain St.		⊠ Federal
	City, State Zip Jamestow	vn KY 42629		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
				Other
4	Grant Authority (Source):	337		
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	,		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$55,653.00	of Education	LITE.	
6	Period of Award:	OT EGGGGGG		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
				D. ( ) ( ) ( ) ( ) ( )
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	L	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Russellvi	lle Independent Schools		State
	Street Address 355 S Sur	mmer St		
	City, State Zip Russellvi	lle KY 42276		Other:
				3
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		Z (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		L		Other
4	Grant Authority (Source):	337		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$19,885.00	of Education	um.	
6	Period of Award:	OI Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
1.4	Authorized Dy (Name/Pi4la): F	Donna Tackatt Director		Datas Avenut 24 2012
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director Division of Consolidated Plans and Audits		<b>Date:</b> August 24, 2012
	1	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Simpson	County Schools		State
	Street Address 430 Soutl	h College Street		
	City, State Zip Franklin	KY 42135		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	10	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		
	,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	,		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$57,048.00	of Education	LITE.	
6	Period of Award:	OT EGGGGGG	111	
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
				24.0046
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	Γ	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Somerset	Independent Schools		State
	Street Address 305 N Co	ollege St		
	City, State Zip Somerset	KY 42502		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	II	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	Idea of the Brown		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$29,045.00	of Education	urh	
6	Period of Award:	OI Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmi	tted by December 10, 2014.
14	Authorized By (Name/Title):	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	:	7	Fund Type:
	Agency Name Taylor Co	ounty Schools		State
	Street Address 1209 E B	roadway		⊠ Federal
	City, State Zip Campbell	Isville KY 42718		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		≥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		I I I I I		Other
4	Grant Authority (Source):	22.7		
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	17		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$50,492.00	of Education	un.	
6	Period of Award:	OI EUGOUTO		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
14	Authorized By (Name/Title):	Donna Tackett, Director		<b>Date:</b> August 24, 2012
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Todd Co	unty Schools		State
	Street Address 205 Airp	ort Rd		
	City, State Zip Elkton K	Y 42220		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income	la.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		
	• ` ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$39,723.00	of Education		
6	Period of Award:	OT Educatio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ıbmi	tted by December 10, 2014.
				<b>D</b>
14	Authorized By (Name/Title):	· · · · · · · · · · · · · · · · · · ·		<b>Date:</b> August 24, 2012
	I	Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:
	Agency Name Union Co	ounty Schools		State
	Street Address 510 S Ma	art St		⊠ Federal
	City, State Zip Morganfi	ield KY 42437		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ // N	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income		Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-2   1 /-		Other
4	Grant Authority (Source):	127		-
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	Maria de Branco		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$43,097.00	of Education	um.	
6	Period of Award:	OI EUGOUITO		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
14	Authorized By (Name/Title): I	Donna Tackett, Director		<b>Date:</b> August 24, 2012
-	• • • • • • • • • • • • • • • • • • • •	Division of Consolidated Plans and Audits		,
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1	Name and Address of Recipient	•	7	Fund Type:
	Agency Name Washing	ton County Schools		State
	Street Address PO Box	72		
	City, State Zip Springfie	eld KY 40069		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Aw	The state of the s		Monthly
	Description	FY13 Title VI-Rural and Low Income	le.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	337		_
	• ` ` ` ′	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$32,421.00	of Education		
6	Period of Award:	OT Educatio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Member			
13	Special Instructions/Conditions	: The final Federal Cash Request must be su	ıbmi	tted by December 10, 2014.
				21.2012
14	Authorized By (Name/Title): I	· · · · · · · · · · · · · · · · · · ·		<b>Date:</b> August 24, 2012
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Wayne C	county Schools		State
	Street Address 1025 Mai	in St		
	City, State Zip Monticell	lo KY 42633		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT	7	Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	<b>Reimbursement Frequency:</b>
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		Z-1 [ ^-		Other
4	Grant Authority (Source):	337		
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	,		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$47,980.00	of Education		
6	Period of Award:	OT EGGGGGG		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	<b>Special Instructions/Conditions:</b>	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
				<b>D</b>
14	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Donna Tackett, Director		<b>Date:</b> August 24, 2012
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:	•	7	Fund Type:
	Agency Name Webster	County Schools		State
	Street Address 28 State I	Rt 1340		
	City, State Zip Dixon KY	Y 42409		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		¥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	lan.	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L		Other
4	Grant Authority (Source):	327		_
	• • • • • • • • • • • • • • • • • • • •	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	14		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$41,045.00	of Education	urh	
6	Period of Award:	OT EGGGGGG		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ubmit	tted by December 10, 2014.
14	Authorized By (Name/Title):	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	• ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` ` `	Division of Consolidated Plans and Audits		1105000 2 1, 2012
	<u>I</u>			

1	Name and Address of Recipient:	1	7	Fund Type:
	Agency Name Whitley (	County Schools		State
	Street Address 300 Main	ı St		
	City, State Zip Williams	burg KY 40769		Other:
			8	Method of Payment:
2	<b>KDE Contact Information:</b>			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		≥ (V)	9	Reimbursement Frequency:
3	Description/Fund Source of Awa			Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		L		Other
4	Grant Authority (Source):	22.7		
	NCLB, Title VI, Part B, Subpart 1	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99	17		
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$83,100.00	of Education	un.	
6	Period of Award:	OI EUGOUTO		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members			
13	Special Instructions/Conditions: The final Federal Cash Request must be submitted by December 10, 2014.			
14	Authorized By (Name/Title):	Donna Tackett, Director		<b>Date:</b> August 24, 2012
	• • • • • • • • • • • • • • • • • • • •	Division of Consolidated Plans and Audits		,

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Williams	burg Independent Schools		State
	Street Address 1000 Mai	n St		
	City, State Zip Williams	burg KY 40769		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ / / N	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
		- L L L L L L L L L L L L L L L L L L L		Other
4	Grant Authority (Source):	337		_
	• ` ` '	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$14,388.00	of Educatio	.00	
6	Period of Award:	OT Eddouro		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	s: N/A		
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
				<b>D</b>
14	Authorized By (Name/Title):			<b>Date:</b> August 24, 2012
1		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient:		7	Fund Type:
	Agency Name Williams	town Independent Schools		State
	Street Address 300 Helto	on St		
	City, State Zip Williams	town KY 41097		Other:
			8	Method of Payment:
2	KDE Contact Information:			Federal Cash Request
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor
	City, KY Zip	Frankfort, KY 40601		
		₹ / V N	9	Reimbursement Frequency:
3	Description/Fund Source of Awa	ard and Fiscal Year:		Monthly
	Description	FY13 Title VI-Rural and Low Income	1	Quarterly
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other
	CFDA#	84.358B		
	MUNIS Project Number	3503	10	Financial Reporting Method:
	Master Agreement Number	N/A		Electronic Submission
				Other
4	Grant Authority (Source):	337		
	,	of ESEA, 34 CFR EDGAR Parts 77,79,80,		
	81,82, 85, 97,98 and 99			
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>
	\$17,080.00	of Educatio	.00	
6	Period of Award:	OI Eddourio		
	July 1, 2012-September 30, 2014			
12	Consortia/Partnership Members	:: N/A		
13	Special Instructions/Conditions:	The final Federal Cash Request must be su	ıbmit	tted by December 10, 2014.
14	Authorized By (Name/Title):			<b>Date:</b> August 24, 2012
		Division of Consolidated Plans and Audits		

1	Name and Address of Recipient	:	7	Fund Type:	
	Agency Name Wolfe Co	ounty Schools		State	
	Street Address PO Box	160			
	City, State Zip Campton	1 KY 41301		Other:	
			8	Method of Payment:	
2	KDE Contact Information:			Federal Cash Request	
	Program Consultant – Phone #	Judith Littleton: 502-564-3791		Expenditure Reimbursement	
	Street Address	500 Mero Street-8 <sup>th</sup> Floor - CPT	1	Automatic Payment	
	Budget Contact – Phone #	Kristin Burton: 502-564-1979		Lump Sum	
	Street Address	500 Mero Street-16 <sup>th</sup> Floor – CPT		Receipt of Invoice from Vendor	
	City, KY Zip	Frankfort, KY 40601			
		₹ /V N	9	Reimbursement Frequency:	
3	Description/Fund Source of Aw			Monthly	
	Description	FY13 Title VI-Rural and Low Income	le.	Quarterly	
	Fund Source	NCLB, Title VI, Part B, Subpart 1 of ESEA		Other	
	CFDA#	84.358B			
	MUNIS Project Number	3503	10	Financial Reporting Method:	
	Master Agreement Number	N/A		Electronic Submission	
		Z-1 ( \( \( \) \( \)		Other	
4	Grant Authority (Source):	337		_	
	• ` ` `	of ESEA, 34 CFR EDGAR Parts 77,79,80,			
	81,82, 85, 97,98 and 99				
5	Award Amount:	Kentucky Depar	11	<b>Evaluations:</b>	
	\$24,444.00	of Education			
6	Period of Award:	OT Educatio			
	July 1, 2012-September 30, 2014				
12	Consortia/Partnership Member	s: N/A			
13	<b>Special Instructions/Conditions</b>	: The final Federal Cash Request must be su	ıbmi	tted by December 10, 2014.	
14	Authorized By (Name/Title):			<b>Date:</b> August 24, 2012	
	l l	Division of Consolidated Plans and Audits			